

Rapid Learning of Chattanooga

- OutVenture (Chattanooga Parks, Recreation, Arts & Culture) •
- Rock/Creek Outfitters • Tennessee Valley Canoe Club •

SUMMER CAMP REGISTRATION FORM

- ☐ BEGINNER CAMP I JUNE 14–18 \$300
- ☐ BEGINNER CAMP II JULY 26–30 \$300
- ☐ INTERMEDIATE CAMP JUNE 21–25 \$300
- ☐ ADVANCED FREESTLYE CAMP AUGUST 1–2 (OVERNIGHT)\$80
AUGUST 6–8 (OVERNIGHT)\$100

CHILD'S NAME: _____ MALE / FEMALE AGE: _____ DOB: _____

PARENTS' NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (H): _____ PHONE (W): _____ E-MAIL: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE #1: _____ PHONE #2: _____

CAMP ATTENDENCE: MUST HAVE 6 OR MORE PER CAMP

SCHOLARSHIPS ARE AVAILABLE! PLEASE CALL US FOR MORE INFORMATION.

MAKE CAMP CHECKS PAYABLE TO: CHATTANOOGA OUTVENTURE

SEND COMPLETED REGISTRATION FORMS, ALONG WITH THE MEDICAL INFO FORM, TO:

CHATTANOOGA OUTVENTURE

GREENWAY FARM

5051 GANN STORE ROAD

HIXSON, TN 37343

WE DO ACCEPT VISA OR MASTERCARD. CALL (423) 842-6629 TO PAY BY CREDIT CARD

IS YOUR CHILD OR FAMILY A MEMBER OF THE [RAPID LEARNING OF CHATTANOOGA](#) ?

YES / NO (IF NOT, MAKE REGISTRATION CHECKS PAYABLE TO THE CHATTANOOGA
WHITewater KIDS CLUB - \$30 INDIVIDUAL, \$50 FAMILY)

PLEASE DESCRIBE ANY PREVIOUS KAYAKING EXPERIENCES, INSTRUCTION, OR RIVERS
PADDLED: _____

PLEASE LIST SPECIFIC SKILLS OR MOVES THAT YOU WANT TO IMPROVE OR LEARN: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

CHATTANOOGA OUTVENTURE, 5051 GANN STORE RD., CHATTANOOGA TN 37343
(423) 842-6629; **FAX:** (423) 842-9239; **E-MAIL:** OUTVENTURE@MAIL.CHATTANOOGA.GOV

DESCRIPTION OF SKILL LEVELS

NOVICE: Has never been in a kayak.

BEGINNER I: Can successfully perform a wet exit; can perform basic strokes (forward/reverse, stern draw, forward and reverse sweeps, and draw); working on a pool roll; can maneuver the kayak — including paddling in a straight line — using a variety of strokes with ease; can safely paddle class I— beginner rivers with confidence; understands basic river safety like whitewater swim position, the use of a throwrope, and the team controlled descent method of paddling rivers.

BEGINNER II: Possesses a reliable pool roll; can safely paddle rivers with up to class II rapids; working on basic river skills like ferries, eddy turns, and peel-outs; can identify basic river features like eddies, waves, holes, and strainers; working on a river roll.

INTERMEDIATE I: Can successfully perform eddy turns, ferries, and peel-outs in class II rapids; can surf easy waves and holes; Can perform advanced strokes like duffeks and complex stroke combinations; river roll is successful most of the time; demonstrates knowledge of reading water and rapids; can safely paddle continuous class II rivers with few, easy class II⁺—III rapids.

INTERMEDIATE II: Possesses a reliable river roll; can successfully perform eddy turns, ferries, and peel-outs in up to class III rapids; working on playboating skills like front and side-surfing, 360s, stern squirts, and enders.

ADVANCED: River roll is 100 percent; paddles class III rapids or higher with ease and confidence using proper technique and strokes; working on advanced vertical playboating skills; possesses skills for specialized and advanced instruction in rodeo, slalom, or creeking.

CHATTANOOGA WHITEWATER KIDS CLUB

GENERAL INFORMATION

MISSION The Chattanooga Whitewater Kids Club exists to promote the exciting sport of whitewater kayaking to young persons ages 11-16. It is our goal to offer expert kayaking instruction in recreational, rodeo, and slalom kayaking. We also strive to provide opportunities to utilize new skills through safe and professionally-led river trips.

INSTRUCTORS The RL instructors bring years of teaching experience to your learning experience. Most of our instructors are American Canoeing Association-certified whitewater kayaking instructors, the highest teaching certification offered in the whitewater paddle sports industry. In addition, most instructors are at the cutting edge of whitewater kayaking, continuously honing their skills and resumes in the whitewater world.

MEMBERSHIP INFORMATION Members of the RL will have access to all RL equipment, which includes the latest Dagger kayaks, Werner paddles, and accessories. Members also have access to all instructional classes, river trips, and camps. In addition, RL members will receive a 10% discount on all purchases at Rock/Creek DownUnder and Rock/Creek Ocoee stores.

One year individual membership	\$30
One year family membership	\$50

MEDICAL INFORMATION

Outdoor activities can be strenuous and sometimes require great physical endurance. Chattanooga OutVenture strives to choose activities that are well within the physical limitations of all people. Many of our participants have had a variety of medical conditions/difficulties and successfully completed all activities with few or no problems. Nevertheless, we do not want you to engage in activities that might be detrimental to your health due to illness, injury, or surgery. Chattanooga OutVenture will do everything in its power to accommodate any special medical needs that you have, upon advice from your doctor. We ask you for the following medical information so we can be aware of potential problems and be better equipped to help you safely enjoy these adventure activities.

Name _____ Age _____ Height _____ Weight _____

	Yes	No	Describe/Comments
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to medications	_____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to insects, like bee stings, etc.	_____
		If yes, do you carry your own AnaKit or EpiPen?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to foods	_____
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to other	_____
<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	_____
		If yes, do you carry a personal inhaler/medication?	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other respiratory difficulties	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	_____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ulcers, abdominal/intestinal problems	_____
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding problems	_____
<input type="checkbox"/>	<input type="checkbox"/>	Motion sickness	_____

Please list all prescribed medications that you are currently taking _____

Note: We do require that Trip Leaders be given extra dosages of all prescriptive medicines. They will be returned to you upon completion of the trip.

Please list all other medications that you are currently taking _____

Please describe any limitations with neck, back, shoulders, arms, hands, legs, knees, ankles, or feet _____

Describe any dietary restrictions and/or preferences _____

Describe any other medical conditions or problems _____

Describe level of fitness and normal exercise activities _____

Describe swimming ability _____

INSURANCE INFORMATION

WE DO NOT PROVIDE SICKNESS OR ACCIDENT INSURANCE FOR PARTICIPANTS. THEREFORE, IT IS EACH PARTICIPANT'S RESPONSIBILITY TO BE COVERED BY HIS/HER OWN INSURANCE AND HOSPITALIZATION POLICY.

1. Are you covered by any Hospitalization or Medical Care Policy? _____
2. If yes, indicate name of Insurance Company issuing such policy _____

POLICY OR CERTIFICATE NUMBER _____

Family Doctor _____

Address _____

Phone _____

If you plan on carrying any prescription medication, asthma inhalers, or epinephrine kits we ask that you provide Chattanooga OutVenture with extra dosages and dosage information. The trip leader will keep this medication in case of an emergency and will return the medication upon completion of the program.

Emergency Contact Information

In case of emergency, Chattanooga OutVenture should contact:

Name _____ Relationship _____

Telephone #1 _____ Telephone #2 _____

Name _____ Relationship _____

Telephone #1 _____ Telephone #2 _____

Please mail completed forms to:

Chattanooga OutVenture
Greenway Farm
5051 Gann Store Road
Chattanooga TN 37343



**PARKS
RECREATION
ARTS
CULTURE**

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of City of Chattanooga Parks and Recreation Department dba Chattanooga OutVenture, their agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "COV"), I hereby agree to release, indemnify, and discharge COV, on behalf of myself, my children, my parents, my heirs, assigns, personal

representative and estate as follows:

I acknowledge that my participation in outdoor adventure based activities such as hiking, camping, backpacking, canoeing, and kayaking entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, COV guides/instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless COV from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of COV's equipment or facilities, **including any such Claims which allege negligent acts or omissions of COV.**

Should COV or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

In the event that I file a lawsuit against COV, I agree to do so solely in the state of Tennessee, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against COV on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____

Address: _____

Phone: _____ Date: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (Print minor's name) ("Minor") being permitted by COV to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless COV from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Date: _____

Print Name: _____